PENNSYLVANIA HUMAN RELATIONS COMMISSION
EMPLOYMENT DISCRIMINATION QUESTIONNAIRE

1. YOUR CONTACT INFORMATION

Name ____________________________________________

Address _________________________________________________
Street Apt.
City State Zip Code

Phone Number: (H) __________________________ (Cell) __________________________
Work: __________________________ E-mail address: __________________________

Name, address and phone number of a person, who does NOT live with you and will know how to contact you:
Name __________________________ Phone Number __________________________
Address _________________________________________________
Street City State Zip Code

2. AGAINST WHAT EMPLOYER DO YOU WANT TO FILE YOUR COMPLAINT?

Employer Name ____________________________________________
(Please use your employer’s name as indicated on your paycheck or W-2 form)

Address in PA ____________________________________________
Street City State Zip Code

Phone Number __________________________ E-mail address: __________________________

Pennsylvania county where you were harmed: __________________________

NUMBER OF INDIVIDUALS WHO WORK FOR THE EMPLOYER:
☐ Fewer than 4 ☐ 4 to 14 ☐ 15-20 ☐ 20+

Type of Business __________________________

Is the employer a federal agency? ☐ Yes ☐ No

3. DESCRIBE HOW YOU WERE HARMED, AND WHEN, SO WE CAN DETERMINE IF WE CAN ASSIST YOU. Check all that apply.

Write the date(s) you were harmed beside the discriminatory event or action:
☐ Discharge ____________ ☐ Lay-Off ____________ ☐ Failure to Recall__________
☐ Forced Transfer_________ ☐ Denied Transfer_________ ☐ Demotion__________
☐ Forced Leave ____________ ☐ Leave Denied ____________ ☐ Unequal Wages__________

- 1 -
PA Employment Discrimination Questionnaire, Rev. 8-13
4. **DO YOU FEEL YOU WERE TREATED DIFFERENTLY (DISCRIMINATED AGAINST) BECAUSE OF ANY OF THE CHARACTERISTICS BELOW?**

The commission can investigate your complaint only if you believe you were treated differently and harmed because of your race, color, religion, ancestry, age, sex, national origin, non-job related disability or the use of a guide or support animal for blindness, deafness or physical disability. For example, if you feel you were treated worse than someone else because of your race, please indicate race as the reason. If you feel you were treated differently because of your race and sex, please check both race and sex. **Only check reasons which explain why you were harmed.** Also, please identify your race, color, religion, national origin or ancestry, etc. if you were discriminated against based on those factors.

☐ Male ☐ Female ☐ Pregnant

☐ Age (40 or older only): Date of Birth

☐ Race ☐ Color

☐ Religion ☐ Ancestry

☐ National Origin (country in which you were born)

☐ Association with a person of a different race than your own:

Your race the other person’s race

☐ Use of a guide or support animal

☐ Refusal to perform, participate in, or cooperate in abortion or sterilization services

☐ GED ☐ Other

☐ I have a disability. (please complete #8) ☐ The employer treats me as if I am disabled.

☐ I had a disability in the past. (please complete #8)

☐ I have a relationship or association with someone who has a disability. (please complete #8)

☐ RETALIATION

If you believe you were harmed because you complained about what you believed to be unlawful discrimination, because you filed a complaint about unlawful discrimination, or because you assisted someone else in complaining about discrimination, please complete the following information.

Date you filed a complaint with the PA Human Relations Commission
If you filed a complaint with another agency, list the agency’s name and date of filing:

_____________________________________________________________________________________

Date you complained about discrimination to a manager ___________________________________
Date you assisted someone in complaining about discrimination ____________________________

5. WHEN WERE YOU HIRED OR WHEN DID YOU APPLY FOR A JOB WITH THE EMPLOYER?

Date you became an employee: ___________________________________________________________
Position for which you were hired: _______________________________________________________
What was your position at the time you were harmed? _______________________________________
If you were seeking to be hired by an employer:
When did you apply? __________ When did you learn you were not hired? __________

6. STATE THE REASONS THE EMPLOYER GAVE YOU FOR ACTIONS THAT HARMED YOU.

_____________________________________________________________________________________

Who told you about the employer’s reasoning for the action? Include his or her job title.

_____________________________________________________________________________________

When were you told about the action taken against you? (Date or Dates)

_____________________________________________________________________________________

If you were given no reason, please check here. □

Regarding how you were harmed, please identify a person or persons who were treated better than you. For example, as a **male employee** you were disciplined for a work violation, but a **female employee** who committed the same work violation was not disciplined.

Name of employee - First and Last (if known)

_____________________________________________________________________________________

How is this person different from you? For example, what is his or her race, age, religion, etc.?

_____________________________________________________________________________________

Please explain **exactly** how this person was treated better or differently than you. Include dates.

_____________________________________________________________________________________

_____________________________________________________________________________________

If you cannot identify someone who was treated better or differently than you, you need to describe an incident, statement, etc. which can be investigated, and which directly relates to why you were treated differently than someone else.
7. IF YOU CHECKED ONE OF THE FOUR DISABILITY CATEGORIES IN #4, ANSWER THE FOLLOWING QUESTIONS.

What is your disability? ____________________________

How long have you had this disability and when did it start?

Do you still have this disability?  □ yes  □ no

If yes, how much longer do you expect to have the disability? ____________________________

What major life activities do you have great difficulty performing because of your disability (Check all that apply.)

- [ ] Seeing
- [ ] Hearing
- [ ] Bending
- [ ] Walking
- [ ] Lifting
- [ ] Stooping
- [ ] Turning
- [ ] Climbing
- [ ] Running
- [ ] Talking
- [ ] Standing for long periods
- [ ] Sitting for long periods
- [ ] Caring for yourself
- [ ] Thinking
- [ ] Concentrating
- [ ] Relating to Others

Other Major Life Activities (Be specific) ____________________________

If you have had a disability in the past, when did it start, and what date did it end? ____________________________

If your employer treats you as if you are disabled: What disability do they think or believe you have? ____________________________

Who are the people that are treating you as disabled (names and positions or titles)? ____________________________

Why do you think that these people think or believe you have a disability? ____________________________

How did your employer learn about your disability? ____________________________

On what date did they learn about your disability? ____________________________

Which specific manager/official/agent) learned about your disability? (include title or position) ____________________________

If you are related to someone who has a disability, what is your relationship to this person? ____________________________

What is this person’s disability? ____________________________

How and on what date did the employer learn about this person’s disability? ____________________________
Did you ask for an accommodation or assistance in order to do your job?  □ yes  □ no

IF YES,
  (1) To whom did you make your request?  __________________________________________
  (2) What date was the request made?  __________________________________________
  (3) Explain what the accommodation or assistance was that you requested, and why.
                                                                                       __________________________________________
                                                                                       __________________________________________

Did the employer provide your requested accommodation or assistance?  □ yes  □ no
If so, on what date?  __________________________________________

Did the employer provide some other accommodation or assistance instead?  □ yes  □ no
If yes, please explain.  __________________________________________


Did the employer deny your request for an accommodation or assistance?  □ yes  □ no
if so, who denied your request?
                                                                                       __________________________________________
                                                                                       __________________________________________

What date was the request denied?  __________________________________________

What reason was given to you for the denial?  __________________________________________
                                                                                       __________________________________________

8. IF YOU CHECKED THAT YOU WERE HARASSED UNDER #3, ANSWER THE FOLLOWING
   QUESTIONS AS COMPLETELY AS POSSIBLE.

Name the person(s) who harassed you:  __________________________________________
His or her position or job title  __________________________________________

When were you harassed?  Starting date  ________________  Ending date  ________________

Is the harassment still continuing?  □ yes  □ no

How often did the harassment occur?  As well as possible, please indicate date, month and
year of each incident and how often the harassing actions occurred.
□ One time only  ________________  □ Once a day  __________________________________________
□ Several times daily  __________________________________________
□ multiple times/week  __________________________________________
☐ multiple times/month

Please provide two or three examples of the harassment you experienced.

________________________________________
________________________________________
________________________________________

Did you consider any of the above acts of harassment to be especially severe and/or offensive?
☐ Yes ☐ No    If so, please explain why.
________________________________________

Did the harassment have a negative or harmful effect on your work environment, health or personal life?  If so, please explain:

________________________________________
________________________________________

Did you complain to anyone about the harassment?  ☐ Yes ☐ No

To whom did you complain?

Name

Position or job title

What date did you complain?

________________________________________

Did the harassment stop after you complained about it?  ☐ Yes ☐ No

If it ended, on what date did it stop?

________________________________________

After you complained, were any other actions taken against you? (for example – discipline, discharge, etc.)  ☐ Yes ☐ No

What were the actions?

________________________________________

On what dates did they occur?

________________________________________

Who took the action against you?

________________________________________

Did this person know that you complained about the harassment?  ☐ Yes    ☐ No

Please identify someone who is different than you and who was treated better:

Name

Position or job title

Reason they were treated better than you as discussed in #4 above:

________________________________________

How were they treated better regarding the harassment?

________________________________________
9. HAVE YOU BEEN INVOLVED IN ANY COURT ACTION REGARDING THIS MATTER? (COURT ACTION INITIATED BY YOU OR ANYONE ELSE.) IF SO, PLEASE SPECIFY THE COURT AND THE DATE FILED, TO THE BEST OF YOUR MEMORY.

☐ Yes  ☐ No  Court City County State Date filed

10. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY, PLEASE ANSWER THE FOLLOWING:

Name of the agency with which you filed 

Date of filing Inquiry or Complaint number

11. IF YOU WILL HAVE AN ATTORNEY REPRESENTING YOU ON THIS MATTER, PLEASE HAVE YOUR ATTORNEY SEND US A LETTER THAT CONFIRMS THIS. (YOU DO NOT NEED AN ATTORNEY TO FILE A COMPLAINT.)

YOU MUST SIGN AND DATE THIS FORM BEFORE RETURNING IT.

☐ I hereby verify that the statements contained in this form are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

Signature 

Date 

IF YOU HAVE OTHER INFORMATION YOU BELIEVE WE NEED TO KNOW TO HELP US UNDERSTAND YOUR COMPLAINT, PLEASE PROVIDE IT BELOW. FEEL FREE TO ATTACH ADDITIONAL PAGES TO DESCRIBE WHAT HAPPENED TO YOU AS COMPLETELY AS POSSIBLE.